

Schedule C
(Form 1040)Profit or Loss from Business
(Sole Proprietorship)

OMB No. 1545-0074

2000
09Department of the Treasury
Internal Revenue Service (99)

Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.
 Attach to Form 1040 or Form 1041. See instructions for Schedule C (Form 1040).

Name of Proprietor

ROBERT J DADE

Social Security Number (SSN)

044-72-2226

A Principal Business or Profession, Including Product or Service (see instructions)

CONSTRUCTION - CARPENTERING

B Enter Code from Instructions

235610

C Business Name, if No Separate Business Name, Leave Blank.

D Employer ID Number (EIN), if Any

E Business Address (including suite or room no.) 20 MURRAY ROAD

City, Town or Post Office, State, & ZIP Code BRISTOL, CT 06010

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)G Did you 'materially participate' in the operation of this business during 2000? If 'No,' see instructions for limit on losses ... ☒ Yes ☐ No

H If you started or acquired this business during 2000, check here

Part I Income

| | | | |
|---|--|---|---------|
| 1 | Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here | 1 | 60,833. |
| 2 | Returns and allowances | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | 60,833. |
| 4 | Cost of goods sold (from line 42 on page 2) | 4 | 7,339. |
| 5 | Gross profit. Subtract line 4 from line 3 | 5 | 53,494. |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund | 6 | |
| 7 | Gross income. Add lines 5 and 6 | 7 | 53,494. |

Part II Expenses. Enter expenses for business use of your home only on line 30.

| | | | | | | | |
|-----|--|-----|---------|-----|--|-----|------|
| 8 | Advertising | 8 | | 19 | Pension and profit-sharing plans | 19 | |
| 9 | Bad debts from sales or services (see instructions) | 9 | | 20 | Rent or lease (see instructions): | | |
| 10 | Car and truck expenses (see instrs) | 10 | 8,190. | 20a | Vehicles, machinery, and equipment | 20a | |
| 11 | Commissions and fees | 11 | | 20b | Other business property | 20b | |
| 12 | Depletion | 12 | | 21 | Repairs and maintenance | 21 | |
| 13 | Depreciation and Section 179 expense deduction (not included in Part III) (see instructions) | 13 | 193. | 22 | Supplies (not included in Part III) | 22 | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | 23 | Taxes and licenses | 23 | |
| 15 | Insurance (other than health) | 15 | 1,206. | 24 | Travel, meals, and entertainment: | | |
| 16 | Interest: | | | 24a | Travel | 24a | |
| 16a | Mortgage (paid to banks, etc) | 16a | | | Meals and entertainment | | |
| 16b | Other | 16b | | c | Enter nondeductible amount included on line 24b (see instructions) | | |
| 17 | Legal & professional services | 17 | | d | Subtract line 24c from line 24b | 24d | |
| 18 | Office expense | 18 | | 25 | Utilities | 25 | |
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27 in columns | 28 | 10,405. | 26 | Wages (less employment credits) | 26 | |
| 29 | Tentative profit (loss). Subtract line 28 from line 7 | 29 | 43,089. | 27 | Other expenses (from line 48 on page 2) | 27 | 816. |
| 30 | Expenses for business use of your home. Attach Form 8829 | 30 | | | | | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. | 31 | 43,089. | | | | |

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.

32a ☐ All investment is at risk.

• If you checked 32b, you must attach Form 6198.

32b ☐ Some investment is not at risk.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

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Part III Cost of Goods Sold (see instructions)

| | | |
|----|--|--|
| 33 | Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation) | |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 |
| 36 | Purchases less cost of items withdrawn for personal use | 36 |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 |
| 38 | Materials and supplies | 38 7,339. |
| 39 | Other costs | 39 |
| 40 | Add lines 35 through 39 | 40 7,339. |
| 41 | Inventory at end of year | 41 |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 | 42 7,339. |

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.

43 When did you place your vehicle in service for business purposes? (month, day, year)

44 Of the total number of miles you drove your vehicle during 2000, enter the number of miles you used your vehicle for:
a Business _____ b Commuting _____ c Other _____

45 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

46 Was your vehicle available for use during off-duty hours? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If 'Yes,' is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8 – 26 or line 30.

| | |
|---|---------|
| TELEPHONE | 816. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 48 Total other expenses. Enter here and on page 1, line 27 | 48 816. |

Schedule C (Form 1040) 2000

Schedule SE
(Form 1040)**Self-Employment Tax**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ See instructions for Schedule SE (Form 1040).

▶ Attach to Form 1040.

2000

17

Name of Person with Self-Employment Income (as shown on Form 1040)

ROBERT J DADE

Social Security Number of Person
with Self-Employment Income ▶

044-72-2226

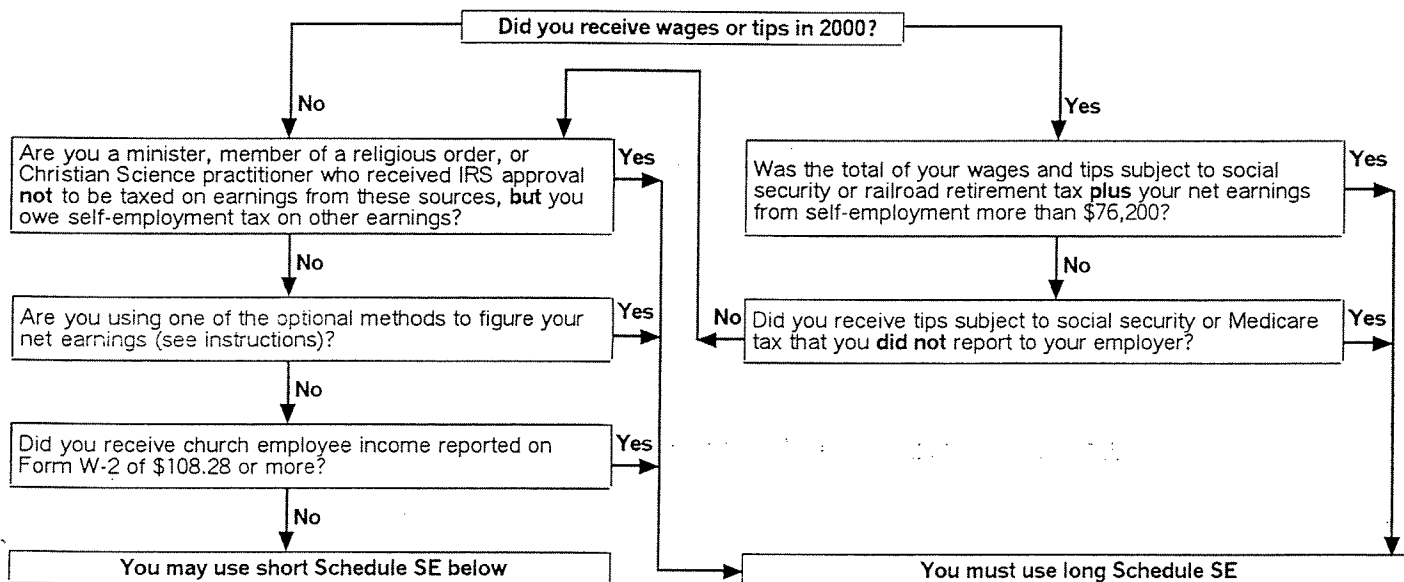
Who Must File Schedule SE

You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is **not** church employee income. See instructions.

Note: Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE. See instructions.

Exception: If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 52.

May I Use Short Schedule SE or Must I Use Long Schedule SE?**Section A – Short Schedule SE.** Caution: Read above to see if you can use Short Schedule SE.

| | | | |
|---|---|---|---------|
| 1 | Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), line 15a | 1 | |
| 2 | Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report | 2 | 43,089. |
| 3 | Combine lines 1 and 2 | 3 | 43,089. |
| 4 | Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax | 4 | 39,793. |
| 5 | Self-employment tax. If the amount on line 4 is: • \$76,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 52. • More than \$76,200, multiply line 4 by 2.9% (.029). Then, add \$9,448.80 to the result. Enter the total here and on Form 1040, line 52. | 5 | 6,088. |
| 6 | Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27 | 6 | 3,044. |

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2000

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2000
67Department of the Treasury
Internal Revenue Service (99)▶ See separate instructions.
▶ Attach this form to your return.

Name(s) Shown on Return

Business or Activity to Which This Form Relates

Identifying Number

ROBERT J DADE

Sch C CONSTRUCTION - CARPENTERING 044-72-2226

Part I Election to Expense Certain Tangible Property (Section 179)

Note: If you have any 'listed property,' complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum dollar limitation. If an enterprise zone business, see instructions | 1 | \$20,000. |
| 2 | Total cost of Section 179 property placed in service. See instructions | 2 | 193. |
| 3 | Threshold cost of Section 179 property before reduction in limitation | 3 | \$200,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 0. |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 20,000. |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | SAWZALL | 193. | 193. |
| 7 | Listed property. Enter amount from line 27 | 7 | |
| 8 | Total elected cost of Section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | 193. |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | 193. |
| 10 | Carryover of disallowed deduction from 1999. See instructions | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | 20,000. |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | 193. |
| 13 | Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12 | 13 | 0. |

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year
(Do not include listed property.)**Section A - General Asset Account Election**

- 14 If you are making the election under Section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions
- ☐

Section B - General Depreciation System (GDS) (See instructions)

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|-----------------------------------|---|---|------------------------|-------------------|---------------|-------------------------------|
| 15a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs | MM | S/L | |
| i Nonresidential real property | | | 27.5 yrs | MM | S/L | |
| | | | 39 yrs | MM | S/L | |
| | | | | MM | S/L | |

Section C - Alternative Depreciation System (ADS) (See instructions)

| | | | | | | |
|----------------|--|--|--------|----|-----|--|
| 16a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part III Other Depreciation (Do not include listed property.) (See instructions)

| | | |
|---|----|--|
| 17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000 | 17 | |
| 18 Property subject to Section 168(f)(1) election | 18 | |
| 19 ACRS and other depreciation | 19 | |

Part IV Summary (See instructions)

| | | |
|---|----|------|
| 20 Listed property. Enter amount from line 26 | 20 | |
| 21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 21 | 193. |
| 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to Section 263A costs | 22 | |

Form 4562 (2000) ROBERT J DADE

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Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A — Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

| 23a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | 23b If 'Yes,' is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
|--|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|--|--|--|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected Section 179 cost | | | |
| 24 Property used more than 50% in a qualified business use (see instructions): | | | | | | | | | | | |
| P/U TRUCK | 01/01/96 | 87.02 | | | | | | | | | |
| 25 Property used 50% or less in a qualified business use (see instructions): | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 26 Add amounts in column (h). Enter the total here and on line 20, page 1 | | | | | | | | | 26 | | |
| 27 Add amounts in column (i). Enter the total here and on line 7, page 1 | | | | | | | | | 27 | | |

Section B — Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | (b) Vehicle 2 | (c) Vehicle 3 | (d) Vehicle 4 | (e) Vehicle 5 | (f) Vehicle 6 |
|---|------------------|------------------|------------------|------------------|------------------|------------------|
| 28 Total business/investment miles driven during the year (do not include commuting miles — see instructions) | 25,200 | | | | | |
| 29 Total commuting miles driven during the year | 0 | | | | | |
| 30 Total other personal (noncommuting) miles driven | 3,760 | | | | | |
| 31 Total miles driven during the year. Add lines 28 through 30 | 28,960 | | | | | |
| | Yes | No | Yes | No | Yes | No |
| 32 Was the vehicle available for personal use during off-duty hours? | X | | | | | |
| 33 Was the vehicle used primarily by a more than 5% owner or related person? | X | | | | | |
| 34 Is another vehicle available for personal use? | | X | | | | |

Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. See instructions.

| | Yes | No |
|---|-----|----|
| 35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | |
| 36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| 37 Do you treat all use of vehicles by employees as personal use? | | |
| 38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 39 Do you meet the requirements concerning qualified automobile demonstration use? See instructions | | |

Note: If your answer to 35, 36, 37, 38, or 39 is 'Yes,' you need not complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code Section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 40 Amortization of costs that begins during your 2000 tax year (see instructions): | | | | | |
| | | | | | |
| 41 Amortization of costs that began before 2000 | | | | | 41 |
| 42 Total. Add amounts in column (f). See instructions for where to report | | | | | 42 |

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Schedule 1 – Modifications to Federal Adjusted Gross Income (see instructions)**Additions to Federal Adjusted Gross Income – Enter all amounts as positive numbers**

| | | | |
|----|--|----|--|
| 30 | Interest on state and local government obligations other than Connecticut | 30 | |
| 31 | Exempt-interest dividends from a mutual fund derived from state or municipal government obligations other than Connecticut | 31 | |
| 32 | Shareholder's pro rata share of S corporation nonseparately computed loss | 32 | |
| 33 | Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income | 33 | |
| 34 | Beneficiary's share of Connecticut fiduciary adjustment (enter only if greater than zero) | 34 | |
| 35 | Loss on sale of Connecticut state and local government bonds | 35 | |
| 36 | Other – specify | 36 | |
| 37 | Total additions (add lines 30 through 36) Enter here and on line 2 on page 1 of this form | 37 | |

Subtractions from Federal Adjusted Gross Income – Enter all amounts as positive numbers

| | | | |
|----|--|----|----|
| 38 | Interest on United States government obligations | 38 | |
| 39 | Exempt dividends from certain qualifying mutual funds derived from United States government obligations | 39 | |
| 40 | Social security benefit adjustment (see <i>Social Security Benefit Adjustment Worksheet</i> in the instructions) | 40 | |
| 41 | Refunds of state and local income taxes | 41 | 0. |
| 42 | Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities | 42 | |
| 43 | Shareholder's pro rata share of S corporation nonseparately computed income | 43 | |
| 44 | Beneficiary's share of Connecticut fiduciary adjustment (enter only if less than zero) | 44 | |
| 45 | Gain on sale of Connecticut state and local government bonds | 45 | |
| 46 | Other – specify (do not include out-of-state income) | 46 | |
| 47 | Total subtractions (add lines 38 through 46) Enter here and on line 4 on page 1 of this form | 47 | 0. |

Schedule 2 – Credit for Income Taxes Paid to Qualifying Jurisdictions**Important:** You must attach a copy of your return filed with the qualifying jurisdiction(s) or the credit will be disallowed.

| | | | |
|----|--|----|--|
| 48 | Modified Connecticut Adjusted Gross Income (see instructions) | 48 | |
|----|--|----|--|

| For Each Column, Enter the Following: | | Column A | | Column B | |
|---------------------------------------|--|----------|------|----------|------|
| | | Name | Code | Name | Code |
| 49 | Enter qualifying jurisdiction's name and two-letter code (see instructions) | 49 | | | |
| 50 | Non-Connecticut income included on line 48 and reported on a qualifying jurisdiction's income tax return (complete <i>Schedule 2 Worksheet</i>) | 50 | | | |
| 51 | Divide line 50 by line 48 (may not exceed 1.0000) | 51 | | | |
| 52 | Income tax liability (subtract line 11 from line 6; see instructions) | 52 | | | |
| 53 | Multiply line 51 by line 52 | 53 | | | |
| 54 | Income tax paid to a qualifying jurisdiction (see instructions) | 54 | | | |
| 55 | Enter the lesser of line 53 or line 54 | 55 | | | |
| 56 | Total Credit (add line 55, all columns). Enter this amount here and on line 7 on page one of this form. | 56 | | | |

Schedule 3 – Credit for Property Taxes Paid on Your Primary Residence and/or Motor Vehicle

Failure to complete this schedule could result in the disallowance of this credit.

| Qualifying Property | Column A Name of Connecticut Tax Town or District | Column B Description of Property If primary residence, enter street address If motor vehicle, enter year, make, and model | Column C List or Bill Number (if available) | Column D Date Paid (see instructions) | Column E Amount Paid | |
|---------------------------------|--|--|---|---|-------------------------|--------|
| Primary Residence | | | | 57 | | |
| Auto 1 | BRISTOL | 1988 FORD F150 | | 07/01/00 | 58 | |
| Married Filing Jt Only - Auto 2 | | | | 59 | | |
| 60 | Total Property Tax Paid (add all amounts for column E) | | | | 60 | 50. |
| 61 | Maximum Property Tax Credit Allowed | | | | 61 | 500.00 |
| 62 | Enter the lesser of line 60 or line 61. (If \$100 or less, enter this amount on line 64. If greater than \$100, go to line 63) | | | | 62 | 50. |
| 63 | Limitation – enter the result from the <i>Property Tax Credit Limitation Worksheet</i> (see instructions) | | | | 63 | 0. |
| 64 | Subtract line 63 from line 62. Enter here and on line 11 on page 1 of this form | | | | 64 | 50. |

Declaration: I declare under the penalties of false statement that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete and correct. The penalties for false statement are imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | | |
|--------------------------------------|---------------------------|------|---|---|
| Sign Here | Your Signature | Date | Spouse's Signature (if joint return) Date | May DRS contact the preparer shown below about this return? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | Daytime Telephone No. | | Daytime Telephone No. | |
| Keep a copy for your records. | Paid Preparer's Signature | | Date | Firm's Name, Address, and ZIP Code |
| | Preparer's SSN or PTIN | FEIN | Telephone Number | WILLIAM J. SHEA 199 RIVERSIDE AVENUE BRISTOL CT 06010 |